

**City of Warwick
Community Development Program
3275 Post Road
Warwick, RI 02886
738-2000 (X6371)**

**Commercial Facade
Grant Program**

1. Name _____

Business Address _____

Home Address _____

Phone (Bus.) _____ **(Res.)** _____

Social Security No. _____

Do you own the property to be rehabilitated?

_____ **Yes**

_____ **No** **If no, applicant must submit legal authorization from owner(s) to apply.**

2. Do you presently have a mortgage(s) in force on the property to be rehabilitated?

_____ **Yes** _____ **No**

If yes, please identify the lending institution(s), their address, and the account number(s)

3. How much do you plan to spend on storefront improvements?

_____ **\$0-5,000** _____ **\$5,000-10,000** _____ **Over \$10,000**

4. How do you plan to provide the Twenty percent (20%) matching funds required under this program?

Personal Savings _____

Bank Loan _____

Company Funds _____

Other _____

5. When do you want to start work on your building?

6. Present use of building

____ Commercial ____ Industrial ____ Office ____ Residential

7. Future use of building (if change anticipated) _____

Please check each improvement you plan on making and provide a brief description of each:

<u>Exterior</u>	<u>Brief Description</u>
____ Doors & Windows	_____
____ Awnings	_____
____ Signage	_____
____ Exterior Finish	_____
____ Handicapped Accessibility	_____
____ Lighting	_____
____ Landscaping	_____
____ Gutters & Downspouts	_____

Additional Comment: (other improvements you would like to see)

I hereby certify that the above information is true and correct to the best of my knowledge. I authorize the officials of the Community Development Program to confirm the above information and to inspect the premises.

Signature of Applicant